

Account Agreement SW97847 Date: 03/18/15

Institution Name & Address

City National Bank
St Albans
560 4th St
St Albans, WV 25177
(304) 722-7560

IMPORTANT ACCOUNT OPENING INFORMATION: Federal law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our privacy policy and federal law.

Enter Non-Individual Owner Information on page 2. There is additional Owner/Signer Information space on page 2.

Owner/Signer Information 1

Name	NEDELITCHO V VLADIMIROV	
Relationship		
Address	1228 STRAWBERRY RD ST ALBANS WV 25177	
Mailing Address (if different)		
Home Phone	(304) 382-1266	
Work Phone		
Mobile Phone		
E-Mail	nedined@hotmail.com	
Birth Date	1/68	
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	DRIVERS LICENSE	DL WV-10/26/11-18
Other ID (Descriptor, Details)		
Employer		
Previous Financial Inst.		

Owner/Signer Information 2

Name		
Relationship		
Address		
Mailing Address (if different)		
Home Phone		
Work Phone		
Mobile Phone		
E-Mail		
Birth Date		
SSN/TIN		
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)		
Other ID (Descriptor, Details)		
Employer		
Previous Financial Inst.		

Internal Use RETAIL SAVINGS 9110074623

Account Title & Address

NEDELITCHO V VLADIMIROV
1228 STRAWBERRY RD
APT 1
ST ALBANS WV 25177

Ownership of Account

The specified ownership will remain the same for all accounts.
 Individual Corporation - For Profit
 Joint with Survivorship Corporation - Nonprofit
 Joint with No Survivorship Partnership
 (as tenants in common) Sole Proprietorship
 Trust-Separate Agreement Dated: _____

Beneficiary Designation

(Check appropriate ownership above.)
 Revocable Trust Pay-On-Death (POD)

Beneficiary Name(s), Address(es), and SSN(s)

(Check appropriate beneficiary designation above.)

If checked, this is a temporary account agreement.

Number of signatures required for withdrawal: 1 _____

Signature(s)

The undersigned authorize the financial institution to investigate credit and employment history and obtain reports from consumer reporting agency(ies) on them as individuals. Except as otherwise provided by law or other documents, each of the undersigned is authorized to make withdrawals from the account(s), provided the required number of signatures indicated above is satisfied. The undersigned personally and as, or on behalf of, the account owner(s) agree to the terms of, and acknowledge receipt of copy(ies) of, this document and the following:

- Terms and Conditions Privacy
 Electronic Fund Transfers Truth in Savings
 Substitute Checks Funds Availability
 Common Features

Authorized Signer (See Owner/Signer Information for Authorized Signer designation(s).)
NEDELITCHO V VLADIMIROV

03/18/2015

1 [X]

NEDELITCHO V VLADIMIROV

2 [X]]

3 [X]] 4 [X]]

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Initials: _____ Page 1 of 2

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Owner/Signer Information 3

Name	
Relationship	
Address	
Mailing Address (if different)	
Home Phone	
Work Phone	
Mobile Phone	
E-Mail	
Birth Date	
SSN/TIN	
Gov't Issued Photo ID (Type, Number, State, Issue Date, Exp. Date)	
Other ID (Description, Details)	
Employer	
Previous Financial Inst.	

Non-Individual Owner Information

Name	
EIN	
Phone	
Mobile Phone	
E-Mail	
Type of Entity	
State/Country & Date of Organization	
Nature of Business	
Address	
Mailing Address (if different)	
Authorization/ Resistor Date	
Previous Financial Inst.	

Account Description Account # Initial Deposit/Source

Savings	9110074623	\$ 11,492.16
		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Check
		<input type="checkbox"/>
		<input type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/>
		<input type="checkbox"/> Cash <input type="checkbox"/> Check
		<input type="checkbox"/>

Services Requested

ATM Debit/Check Cards (No. Requested: _____)

Other Terms/Information**Backup Withholding Certifications**

If not a "U.S. Person," certify foreign status separately.)

TIN: _____

Taxpayer I.D. Number (TIN) - The number shown above is my correct taxpayer identification number.

Backup Withholding - I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Exempt Recipients - I am an exempt recipient under the Internal Revenue Service Regulations.

I certify under penalties of perjury the statements checked in this section and that I am a U.S. person (including a U.S. resident alien).

03/18/2015

(Date)

X *[Signature]* (Signature)
 (Data)

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